



Iris Ministries Canada

Love the Lord your God with all your heart, and with all your soul, with all your strength, and with all your mind; and your neighbour as yourself. Luke 10:27

Pre-Authorized Payment Authorization

Personal / Household PAD (Pre-Authorized Debit) OR Business PAD

Payor Name(s) _____

Address: _____ Postal Code: _____

Phone: _____ E-mail: _____
E-mail address for Iris Ministries Canada use only. Will not be disclosed to others.

I (we) authorize Iris Ministries Canada to process a debit, in paper, electronic or other form, in the amount of: \$ _____ on my (our) account on the: sixteenth (16th) day of every month, beginning _____ date.

Designation: General Fund or Specific Project or Ministry _____

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

Personal /

Household PAD only Signature of Payor(s): _____

Date: _____

Business PAD only Name(s) of Authorized Signing Officer(s): _____

Signature(s) of Authorized Signing Officer(s): _____

Date: _____

Complete and sign this form, attach a personal or business cheque marked VOID and mail this authorization form (including terms and conditions page) and voided cheque to our office (address below).

Attach Voided Cheque Here

Receipts for total yearly donations will be issued at the end of the calendar year.

Bless you for your support of Iris Ministries Canada.



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PRE-AUTHORIZED PAYMENT AUTHORIZATION - TERMS AND CONDITIONS

I(We) acknowledge that this Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

I(We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed the attached authorization.

I(We) hereby authorize **Iris Ministries Canada** (the "Payee") to draw on the **Payor's account number, with the Processing Institution, as detailed on attached voided specimen cheque**, for the purpose of donation to Iris Ministries Canada, a Canadian Registered Charity.

This authorization may be cancelled at any time upon notice by the Payor. I(We) acknowledge that, in order to revoke this authorization, I(We) must provide notice of revocation to Iris Ministries Canada.

I(We) acknowledge that provision and delivery of this authorization to Iris Ministries Canada constitutes delivery by the Payor to the Processing Institution. Any delivery of this authorization to you constitutes delivery by the Payor.

The Payor and Payee agree to waive the pre-notification requirement set out in Section 7 of Appendix II of rule H4 of the Canadian Payments Association.

I(We) undertake to inform Iris Ministries Canada, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

The account that Iris Ministries Canada is authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked "VOID" and attached hereto.

I(We) acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.

I(We) acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Iris Ministries Canada as a condition to honouring a PAD issued or caused to be issued by Iris Ministries Canada on the Payor's account.

Revocation of this authorization does not terminate any contract for goods or services that exists between the Payor and Iris Ministries Canada. The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

A PAD may be disputed by a Payor under the following conditions:

- (1) the PAD was not drawn in accordance with the Payor's Authorization; or
- (2) the authorization was revoked; or
- (3) pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account up to and including 90 calendar days in the case of a personal household PAD (or up to and including 10 business days in the case of a business PAD), after the date on which the PAD in dispute was posted to the Payor's account.

The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any PAD after (90 calendar days in the case of a personal/household PAD or 10 business days in the case of a business PAD).

DEFINITIONS

Business PAD : Means a PAD (Pre-Authorized debit in paper, electronic or other form) drawn on the account of a Payor such as, but not limited to, a corporation, an organization, a trade, an association, a government entity, a profession, a venture or an enterprise, for the payment of goods and services related to commercial activities of the Payor.

Personal / Household PAD : Means a PAD drawn on the account of a Payor for payments such as, but not limited to, charitable donations, RESP and Spousal RRSP contributions, mortgage installments, utility bills, insurance premiums, membership fees, property taxes, credit card billings and payment for other consumer goods and services.